

**AUTHORIZATION FOR RELEASE OF INFORMATION
AND WAIVER OF LIABILITY FOR SECOND WIND FUND, INC.**

RELEASE OF INFORMATION

I, _____, hereby authorize
Name of Client

Counselor/referring person

and the professional therapist that I shall choose,

to release information to the Second Wind Fund for purposes of evaluation of this program. I understand that the purpose of this authorization is to disclose information that is relevant to my mental health treatment. I further understand that any treatment records concerning my mental health treatment are confidential under Colorado law, and that statutory privilege Prohibits confidential treatment information from being disclosed without my consent. This release of information expires in 60 days following completion or termination of treatment.

Client Signature Date

Parent Signature Date

WAIVER OF LIABILITY

I, _____, waive and release any claim that I may have or that my child, _____, may have against Second Wind, Inc., its Officers and Directors, for any negligence, claim, injury or damages whatsoever. This Waiver and Release is being made in exchange for the services which Second Wind will be paying for. I understand that Second Wind is not providing services but funding them; and that no employee, Officer or Director of Second Wind will be providing services or treatment. I further understand that the treatment professionals to whom referrals may be made by Second Wind are independent professionals who are neither employees or agents of Second Wind.

This Waiver is made freely and voluntarily, and I acknowledge that I have read this Waiver and understand it.

Parent

Student

After this form is signed, please keep one signed version in your files